

**PROFESSIONAL STANDARDS
DIRECTORATE**

Overseas registration

Telephone: 020 7572 2317

020 7572 2316

e-mail: overseas@rpsgb.org.uk

16 January 2002

Dear Pharmacist

I write concerning your enquiry about the Society's registration procedure for European pharmacists.

The European Directives concerning the free movement of pharmacists in the European Economic Area (EEA) allow a person to register as a pharmacist in Great Britain (provided that the standard requirements for registration are fulfilled) if they are:

- i) a national of a Member State of the EEA;
 - ii) in good standing with their professional authority in their Member State;
- and **EITHER**
- iiia) have a degree in pharmacy from a Member State of the EEA which complies with the Training Directive 85/432/EEC

OR

- iiib) have a degree in pharmacy from a Member State of the EEA which was granted (or at least started) before the implementation date of Training Directive 85/432/EEC in that Member State and have worked in a Member State in an activity referred to in Article 1(2) of Directive 85/432/EEC (which is also an activity regulated by that Member State) for at least three consecutive years during the five years preceding the award of the certificate.

You must provide evidence that you comply with (i), (ii) and (iiia) or (iiib).

To demonstrate that you comply with (i) you may provide a certified copy of your passport.

To demonstrate that you comply with (ii) you may provide a letter from your professional authority which confirms that you are in good standing and currently have the right to practise pharmacy in the Member State and the date on which you first acquired the right to practise pharmacy in that Member State. If your professional authority is the same body as your

Competent Authority you could ask your Competent Authority to confirm these details. Under the Society's Byelaws, the Registrar must be satisfied as to your good standing therefore if you are not registered with your professional authority you are required to provide evidence of police clearance and two character references from professionals such as previous employers who can vouch for your good character.

To demonstrate that you comply with (iia) you may provide a letter from your **Competent Authority** which confirms that your pharmacy qualification is listed in Article 4 of Directive 85/433/EEC and complies with the Training Directive 85/432/EEC. Attached is a list of Competent Authorities.

To demonstrate that you comply with (iib) you may contact your **Competent Authority** and ask for confirmation that you comply with Article 6 of Directive 85/433.

You may provide other documentation to demonstrate that you comply with (i), (ii) and (iia) or (iib).

I would be grateful if you would complete the enclosed questionnaire and return it to me as soon as possible together with the following standard documents for registration:

- Certified copies of your birth certificate and/or marriage certificate
- A health declaration from your doctor confirming that you are both mentally and physically fit. I enclose a standard form for both you and your doctor to complete.

You are required to provide certified translations of any documents not in English.

Once all the above documentation has been received you will be invited to attend a reciprocity meeting to complete the registration procedure and pay the registration fee. A list of meeting dates for 2001 is attached.

If you do not comply with Directives 85/432 and 85/433 for registration as a pharmacist in Great Britain you may apply to the Adjudicating Committee of the Society for registration. The Adjudicating Committee will assess whether your pharmacy training conforms to European requirements and in any case of non-conformity will stipulate any further training required for you to be eligible for registration. Your recent work, as a pharmacist will also be taken into account. Should this procedure become relevant please ask for details.

Yours sincerely



M Pawluczyk (Mrs)
Pharmacist, Reciprocity

Please note

- Where the documents are not in English they must be accompanied by a certified translation.

- If you do not register with the Society within six months of the date of confirmation of your good standing from your professional authority you will be required to obtain an up-to-date letter confirming your continued good standing. Letters confirming police clearance are usually only valid for three months from the date of issue and you are therefore required to complete the registration procedure within this time period or provide up-to date evidence of police clearance.

PLEASE NOTE

- 1) The address you enter on the 'Application for Registration' form (to be provided at the meeting) must be an address in Great Britain.**

- 2) You will have to provide evidence of your nationality (passport) or some other form of authorisation at the meeting.**

- 3) At the meeting you will be required to pay the appropriate registration fee (£185.00). The fee may be paid in cash, by a cheque drawn on a British bank or by travellers cheque, but not by credit card.**

- 4) A statutory declaration duly witnessed by a solicitor needs to be completed following the meeting before registration is sought. This will be explained at the meeting; this is not to be completed prior to the meeting.**

- 5) In the interests of the public, both the European Directive concerning the free movement of pharmacists and the Society's Code of Ethics require a pharmacist practising in Great Britain to have a sufficient knowledge of the English language.**

- 6) Before you become the sole or responsible pharmacist in charge of a pharmacy in Great Britain you should give consideration to gaining experience in the country by shadowing a pharmacist in the workplace from anything from one week to two months.**

- 7) Under the terms of the directive, you will not be able to take personal control of a pharmacy that has been opened for less than three years.**

ROYAL PHARMACEUTICAL SOCIETY OF GREAT BRITAIN

Surname: (please indicate Mr/Mrs/Miss)				
First names:				
Address:				
University from which degree was obtained:				
Title of degree:				
Date degree started:		Date finished:		
Date you first registered and acquired the right to practise as a pharmacist in your member state and registration number:				
Details of any full-time experience since you first acquired the right to practise as a pharmacist in your member state:				
Date started	Date finished	Name & Address of premises	Community / hospital / industry (please state)	No. of hours per week worked
Nationality (please provide evidence)				

I declare that the information provided is, to the best of my knowledge, correct.

Signature:

Date:

If you wish to provide any additional information, please do so overleaf.



Royal Pharmaceutical Society of Great Britain

DATES FOR RECIPROCITY MEETINGS IN 2002

The meetings will be held at the Society on the following dates at 10.30am. All registrations should take place two working days after documentation is complete.

The relevant dates are: -

- 10 January 2002
- 1 February 2002
- 8 March 2002
- 4 April 2002
- 2 May 2002
- 14 June 2002
- 4 July 2002
- 1 August 2002
- 5 September 2002
- 3 October 2002
- 1 November 2002
- 6 December 2002

There are limited places available at the reciprocity meetings, and you must let us know, in writing, which meeting you wish to attend no less than 7 days before the meeting date. No late requests or telephone applications will be accepted.



**Royal
Pharmaceutical
Society**
of Great Britain

HEALTH DECLARATION

CONFIDENTIAL

Declaration by a Medical Practitioner

This declaration should be completed by either: (i) the applicant's usual medical practitioner, or (ii) a medical practitioner who has carried out a full medical examination of the applicant. This medical examination must occur within the eighteen-month period prior to the trainee's registration as a pharmacist.

To the Registrar

_____ (full name of applicant)

(i) has been a patient of mine for _____ years _____ months.

Or

(ii) has been examined by me on _____ (date)

Delete (i) or (ii) as applicable

I know of no reason, on grounds of mental or physical health, why she/he should not be able to discharge the responsibilities of a registered pharmacist, which I understand, may include taking sole charge of a community or hospital pharmacy.

Signed _____ Date _____

Printed Name _____

Registration Number _____ and Official Surgery Stamp

Declaration by the applicant

I know of no reason, on grounds of mental or physical health, why I should not be able to discharge the responsibilities of a registered pharmacist, which I understand, may include taking sole charge of a community or hospital pharmacy.

Signed _____ Date _____

EUROPEAN ECONOMIC AREA COMPETENT AUTHORITIES

AUSTRIA	Federal Ministry for Health and Consumer Protection Radetzkystraße 2 1031 Wien
BELGIUM	Ministry for Social Affairs, Public Health and the Environment Rijksadministratief Centrum Vesaliusgebouw, 606 1010 Bruxelles
DENMARK	Laegemiddelstyrelsen Frederikssundsvej 378 2700 Bronshøj
FINLAND	Terveydenhuollon oikeusturvakeskus P O Box 265 00531 Helsinki
FRANCE	Ministere de L'emploi et de la Solidarite Sous-Direction de la Pharmacie Bureau des Affaires Professionnelles DGS/PH2 8 avenue de Segur 75530 Paris 07 SP
GERMANY	Addresses available on request
GREECE	Ministry of Health, Welfare and Social Security Directorate of Medical and Paramedical Resources 17 Aristotle Street 10187 Athens
ICELAND	Ministry of Health and Social Security Laugavegur 116 150 Reykjavik
IRELAND	Pharmaceutical Society of Ireland 18 Shrewsbury Road Ballsbridge Dublin 4
ITALY	Ministerio Della Sanita Direzione Generale degli Ospedali Piazzalr dell'Industria, 20 00144 Roma

LIECHENSTEIN Sozial und Präventivmedizinische Dienststelle
Rietacker 4
Postfach 12
9494 Schaan

LUXEMBOURG Ministere de La Sante
Boulevard de La Petrusse 57
2935 Luxembourg

NETHERLANDS Staatstoezicht Op De Volksgezondheid
Inspectie voor de Gezondheidszorg
Postbus 5850
2280 HW Rijswijk

NORWAY National Board of Health
P O Box 8128 Dep
0032 Oslo

PORTUGAL Ministerio da Educacao
Direccao-Geral do Ensino Superior
Av. 5 de Outubro, 107
1000 Lisboa

SPAIN Subdirectora General
Subdirección general de Títulos, Convalidaciones y Homologaciones
Paseo del Prado, 28
28014 Madrid

SWEDEN National Board of Health and Welfare
Socialstyrelsen
10630 Stockholm

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